

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-816)**

SERIAL NO. **10030700** FILING DATE
APPLICANT(S)

8/6/04 CLAIMS

8/6/04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
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48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

BEST AVAILABLE COPY

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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